2-11-0-PAP12 Rec'd PCT/PTO 10 DEC 2007,

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032

	•	12-11	01		•			
2		100 11	- ,		oved for use through	PTO/SB	V17 (10-07)	
· ·			U.S. Paten	and Trade:	mark Office: U.S. DEI	PARTMENT OF CO	OMMERCE	
nder the Paperwork R	eduction Act of 1995,	no person are required to	respond to a collection				rol number.	
Effective on 12/08/2004.			Complete if Ki			<u>n</u>		
Figs pursuant to the Consolidated Appropriations Act, 2005 (H.R.: 4818).			Application Number		10/591,883			
FEE TRANSMITTAL			7 111119		September 7, 2006			
For FY 2008			I HOLITAINOU INTONCO.		Maurice S. Swanson			
<u></u>			Not Yet Assigned					
X Applicant claims small entity status. See 37 CFR 1.27			Alt Offic		N/A			
TOTAL AMOUNT OF PAY	Attorney Docket	ney Docket No. 60677(49163)						
METHOD OF PAYM	ENT (check all th	iat apply)						
Check Cred	dit Card M	oney Order No	1 1	(please ident				
x Deposit Account Deposit Account Number. 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge								
For the above-in	dentified deposit a	account, the Director i	s hereby authoriz	ed to: (che	eck all that apply)	1		
	ee(s) indicated belo	•	Charg	je fee(s) ii	ndicated below, e	xcept for the fi	iling fee	
X Charge at	ny additional fee(s) or underpayments	of x Credit	any over	payments	•		
FEE CALCULATION	der 37 CFR 1.16 a	ng 1.17				<u> </u>		
1. BASIC FILING, SEA		INATION FEES			<u> </u>			
1. BASIC FILING, SEA		G FEES SE	ARCH FEES	EXAM	INATION FEES			
		Small Entity	Small Entity		Small Entity	Fees Paid	1 (\$)	
Application Type	Fee (\$)	Fee (\$) Fee (Fee (\$) <u>Fee (\$)</u> 105	1003101	2.13.1	
Utility	310	155 510		210				
Design _.	210	105 100		130	65			
Plant	210	105 310	155	160	80			
Reissue	310	155 510	255	620	310			
Provisional	210	105	0	0	0	<u> </u>		
2. EXCESS CLAIM FE	ES						vall Entity Fee (\$)	
Fee Description								
Each claim over 20 (in						50	25 105	
Each independent clair	n over 3 (includin	g Reissues)			÷	210	185	
Multiple dependent cla	iims		*			370	100	
Total Claims			Paid (\$) Multiple Deper					
	× _	=			Fee (\$)	Fee Paid (\$)		
HP = highest number of to	tat claims paid for, if gr			_				
Indep. Claims E	xtra Claims F	ee (\$) Fee	Paid (\$)					
l · • _	×	•						
HP = highest number of in	dependent claims paid	I for, if greater than 3.						
3. APPLICATION SIZE	FEE				filed requence o	r computer		
If the specification ar	nd drawings excee	ed 100 sheets of paper application size fee	r (excluding elec	for small	l entity) for each	additional 50		
listings under 37 (thereof See 35 I	J.S.C. 41(a)(1)(G) an	d 37 CFR 1.16(s)).				
		Number of each	additional 50 or fr	action the	reof Fee (\$)	Fee Pa	id (\$)	
<u>Total Sheets</u> 119 - 100	Extra Sheets = 19	/50 = 1	(round up to a w	nole numbi	er) x 125	= 125	5	
	- 13					Fees Pa	aid (\$)	
4. OTHER FEE(S) Statistics Services \$130 fee (no small entity discount)								
2255 Extension for response within that month								
Other (e.g., late fill	nig suicharge).	051 Surcharge-Lat	e oath or declar	ation	·····	65.0	00	
FOURWAYED OV		* + -						
SUBMITTED BY Signature	1 Dan	137	Registration No.	53,62	24 Telephone	ne (617) 517-5543		
Signature	>~~~	10.5	(Attorney/Agent)	<u> </u>	Date	December 10, 2007		

12/13/2007 LLANDGRA 00000004 041105 10591883

01 FC:2617 02 FC:2681 65.00 DA 130.00 DA